

# 2006 LIMITED LIABILITY COMP ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90043 005 \*\*\*\*\*50.00

DOCUMENT # L05000075166

1. Entity Name  
KMA PARTNERS, LLC

Principal Place of Business  
6372 LA COSTA DRIVE #602  
BOCA RATON, FL 33433

Mailing Address  
6372 LA COSTA DRIVE #602  
BOCA RATON, FL 33433



2. Principal Place of Business  
*SAME AS ABOVE*

3. Mailing Address  
*SAME AS ABOVE*

04102006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
20-3667407

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VELLECA, CAROLE J  
6372 LA COSTA DRIVE #602  
BOCA RATON, FL 33433

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PROCTOR, BARBARA  
11499 ORANGE BLOSSOM LANE  
BOCA RATON, FL 33428

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
VELLECA, CAROLE J  
6372 LA COSTA DRIVE #602  
BOCA RATON, FL 33433

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SORCE, MARY ELLEN  
6372 LA COSTA DRIVE #602  
BOCA RATON, FL 33433

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Carol J. Velleca* (CAROLE J. VELLECA)

4-11-06

561-395-5645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #